1290435

FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

OMB Approval

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response: ... 16.00

NOTICE OF SALE OF SECURIVIES AY 3 2004 PURSUANT TO REGULATION D, SECTION 4(6) AND/OR S

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION:

Prefix

Serial

DATE RECEIVED

SEC USE ONLY

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Abundant Life Christian Church	PROCESSED				
Filing Under (Check box(es) that apply):   Rule 504  Rule 505 X Rule 506  Section 4(6)	PROCESSED MAY 17 2004				
Type of Filing: X New Filing   Amendment	THOMSON				
A. BASIC IDENTIFICATION DATA	FINANCIAL				
Enter the information requested about the issuer					
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Abundant Life Christian Church					
Address of Executive Offices (Number and Street, City, State, Zip Code 929 Hart Rd Round Lake, IL 60073	Telephone Number (Including Area Code) (847) 201-1486				
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)				
Brief Description of Business					
Church					
Type of Business Organization  X corporation  business trust    limited partnership, already formed   limited partnership, to be formed	other (please specify):				
Actual or Estimated Date of Incorporation or Organization:  June  June  June  CN for Canada; FN for other jurisdiction)  CN for Canada; FN for other jurisdiction)	Year 1985 X Actual □ Estimated ste; IL				

### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SED at the address given below, or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, and changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for cales of securities in those states that have adopted ULOE and have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the corbic constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice to the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of Information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	□ Promoter	Beneficial Owner	X Executive Officer	□ Director	<ul> <li>□ General and/or</li> <li>Managing Partner</li> </ul>
Full Name (Last name first, i Disch, Jerry	f individual)	· ·	_		
Business or Residence Addres 24418 W Hart Rd Round La		, City, State, Zip Code)			
Check Box(es) that Apply:	□ Promoter	<ul> <li>Beneficial Owner</li> </ul>	X Executive Officer	□ Director	General and/or     Managing Partner
Full Name (Last name first, i Hart, Mary	f individual)				
Business or Residence Address 316 Washington Ct. Vernon		, City, State, Zip Code)			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	Executive Officer	X Director	☐ General and/or Managing Partner
Full Name (Last name first, i Benedeck, Michael					
Business or Residence Addres 3215 Farmington Vernon H		, City, State, Zip Code)			
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	Executive Officer	□ Director	<ul> <li>General and/or</li> <li>Managing Partner</li> </ul>
Full Name (Last name first, i	f individual)				
Business or Residence Address	ss (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	□ Promoter	<ul> <li>Beneficial Owner</li> </ul>	Executive Officer	□ Director	<ul> <li>General and/or</li> <li>Managing Partner</li> </ul>
Full Name (Last name first, i	f individual)				
Business or Residence Addres	ss (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	Executive Officer	<ul> <li>Director</li> </ul>	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Address	ss (Number and Stree	, City, State, Zip Code)			
Check Box(es) that Apply:	□ Promoter	□ Beneficial Owner	r   Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual)				
Business or Residence Addre	ss (Number and Stree	t, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				B. II	VFORM	1ATIO	N ABO	UT OF	FERIN	I <b>G</b>			
1 Has ti	ne isquer co	ld or does t	he issuer in	tend to sell	to non-acc	redited inv	ectors in thi	s offering?				Yes X	No
i. 17a5 U	ic issuel SU	na or aoes t										^	u
					endix, Colu		•	LOE.					
2. What	is the mini	mum invest	ment that w	vill be accep	pted from a	ny indiviđu	al?					\$ <u>1,000</u>	_
3. Does	the offering	g permit joi	nt ownershi	p of a singl	e unit?							Yes X	No
com offer and/ asso	mission or a ring. If a poor or with a st ciated perso	ation reques similar rem erson to be ate or states ons of such	uneration for listed is an a s, list the na a broker or	or solicitation associated properties and the solicities and the solicities are solicited as the solicities are	on of purcha person or ag roker or dea	asers in con gent of a bro aler. If mor	nection wit oker or deal re than five	h sales of se er registere (5) persons	ecurities in d with the S to be listed	the SEC Lare			
		ne first, if it (registered		ler)									
Business	or Residen	ice Address an, IN 478	(Number a		City, State, 2	Zip Code)							
		an, IN 478 d Broker or									<b></b>		
States is	Which Per	son Listed F	las Solicite	d or Intend	s to Solicit	Purchasers							
		or check ind							a All	States			
[xAL]	[¤AK]	[xAZ]	[xAR]	[xCA]	[xCO]	[¤CT]	[DDE]	[xDC]	[xFL]	[xGA]	(oHI)	[aID]	
[xIL]	[xIN]	[ala]	[xKS]	[xKY]	[xLA]	[□ME]	[xMD]	[□MA]	[xMI]	[xMN]	[xMS]	[xMO]	
[xMT]	[¤NE]	[xNV]	[oNH]	[xNJ]	[xNM]	[xNY]	[xNC]	[xND]	[xOH]	[xOK]	[xOR]	[xPA]	
[oRI]	[xSC]	[xSD]	[xTN]	[xTX]	[oUT]	[DVT]	[xVA]	[xWA]	[xWV]	[xWI]	[¤WY]	[¤PR]	
Full Nan	ne (Last nar	ne first, if i	ndividual)										
Business	or Residen	ice Address	(Number a	nd Street, C	City, State, 2	Zip Code)	<u>-</u>						
Names o	f Associate	d Broker or	Dealer										· · ·
		son Listed I							a All	States			
[DAL]	[DAK]	[□AZ]	[aAR]	[□CA]	[□CO]	[□CT]	[oDE]	[nDC]	[oFL]	[oGA]	(oHI)	[oID]	
(oIL)	[aIN]	[oIA]	[□KS]	[DKY]	[□LA]	[aME]	[aMD]	[oMA]	[□MI]	[aMN]	[□MS]	[oMo]	
[DMT]	[oNE]	[oNV]	[oNH]	[oNJ]	[oNM]	[oNY]	[¤NC]	[nND]	[□OH]	[□OK]	[0OR]	[¤PA]	
[¤RI]	[¤SC]	[¤SD]	[¤TN]	[DTX]	[¤UT]	[DVT]	[□VA]	<b>(</b> □WA]	[oWV]	[□WI]	[aWY]	[¤PR]	
Full Nan		me first, if i	ndividual)	<del>-</del>				-	-	-		-	.,,,
Business	or Resider	nce Address	(Number a	and Street, (	City, State,	Zip Code)							
Names o	f Associate	d Broker o	Dealer			·. ·		,					
		son Listed I							o All	States			
[aAL]	[DAK]	[□AZ]	[oAR]	[oCA]	[aCO]	[oCT]	[oDE]	[¤DC]	(oFL)	[oGA]	[oHI]	[a!D]	
(alL)	[oIN]	[olA]	[¤KS]	[oKY]	[aLA]	[c:ME]	[aMD]	[□MA]	[□MI]	[cMN]	[nMS]	[DMO]	
[oMT]	(aNE)	[aNV]	[nNH]	[□NJ]		[oNY]	[aNC]	[aND]	[EOH]	[¤OK]	[oOR]	[oPA]	
[oRi]	[oSC]	[aSD]	[aTN]	[aTX]	[oUT]	[¤VT]	[□VA]	[@WA]	[□WV]	[¤Wl]	[oWY]	[oPR]	

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offer-		
ing, check this box \precedef and indicate in the column below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ 1.850,000	\$ 128,000
Equity		\$
□ Common □ Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify)	<u>\$</u>	\$
Total	\$_1,850,000_	\$ 128,000
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amoun
Accredited Investors.	<u>3</u>	of Purchases \$ 66,000
Non-accredited Investors	<u>5</u>	\$62,000
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by types listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A.		\$
Rule 504		\$
Total		\$
4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees.	X	\$1,000
Printing and Engraving Costs.	X	\$ 500
Legal Fees. Accounting Fees		\$ <u>2,000</u> \$ 1,000
Engineering Fees.		\$ <u>1,000</u> \$
Sales Commissions (Specify finder's fees separately)		\$ 76,500
Other Expenses (identify)		\$
Total		00018 2

C. OFFERING PRICE, NUMBER OF INVESTORS, EXP	PENSES AND U	ISE OF PROCEED
b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ 1,769,000
Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above.		
	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	\$	o \$
Purchase of real estate	\$	D \$
Purchase, rental or leasing and installation of machinery and equipment	\$	<b>-</b> \$
Construction or leasing of plant buildings and facilities	\$	o \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger	\$	<b>-</b> \$
Repayment of indebtedness	\$	□ \$ <u>1,765,466</u>
Working capital	\$	<b>\$</b>
Other (specify) Contingency	\$	<b>s</b> 3,534
	\$	o \$
Column Totals	\$	<b>- \$</b>
Total Payments Listed (column totals added)	□ \$ <u>1</u>	769,000
D. FEDERAL SIGNATU	RE	·
	<del></del>	
the issuer has duly caused this notice to be signed by the undersigned duly authorized person. If constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.		
suer (Print or Type) Signature	Date	
bundant Life Christian Church	4-13	-04
ames of Signer (Print or Type)  Title of Signer (Print or Type)	WOR PASTUR	
erry Disch President SEA	MOR TASIAR	

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNA	ATURE		
	0.262 presently subject to any of the disqualificat		Yes	No X
See A	Appendix, Column 5, for state response.			
2. The undersigned issuer hereby under Form D (17 CFR 239.500) at such t	rtakes to furnish to any state administrator of any imes as required by state law.	state in which this notice	is filed, a notice on	
3. The undersigned issuer hereby under issuer to offerees.	rtakes to furnish to the state administrators, upon	written request, information	on furnished by the	
Offering Exemption (ULOE) of the	nat the issuer is familiar with the conditions that n state in which this notice is filed and understands these conditions have been satisfied.			
The issuer has read this notification an authorized person.	d knows the contents to be true and has duly cause	e this notice to be signed o	n its behalf by the und	dersigned duly
Issuer (Print or Type)	Signature	Date		
Abundant Life Christian Church	Juny ( va)	4-13-	04	
Name of Signer (Print or Type)	Title of Signer (Pfint or Type)	4		
Jerry Disch	President	1 Senior	PASTOR	

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy to or bear typed or printed signatures.

# **APPENDIX**

1		2	3 4						5
	non-acc invest St	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of amount pur (Part	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Bonds – 1,850,000	Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
AL	X		X	0	\$0	0	\$0		X
AK									
AZ	X		X	0	\$0	0	\$0		X
AR	X		X	0	\$0	0	\$0		X
CA	X		X	0	\$0	0	\$0		X
CO	X		X	0	\$0	0	\$0		X
CT									
DE									
DC	X		X	0	\$0	0	\$0	· · · · · · · · · · · · · · · · · · ·	X
FL	X		X	0	\$0	1	\$3,000		X
GA	X		X	0	\$0	0	\$0	· · · · · · · · · · · · · · · · · · ·	X
HI									
ID									
IL	X		X	0	\$0	2	\$17,000		X
IN	X		X	3	\$66,000	0	\$0		X
IA									
KS	X		X	0	\$0	0	\$0		X
KY	X		X	0	\$0	0	\$0		X
LA	X		<u>X</u>	0	\$0	0	\$0		X
ME									
MD	X		X	0	\$0	0	\$0		X
MA									
MI	X		X	0	\$0	0	\$0		X
MN	X		X	0	\$0	0	\$0		X
MS	X		X	0	\$0	0	\$0		X
MO	X		X	0	\$0	0	\$0		X

# APPENDIX

1	2		3		4					
	non-acc invest St	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of amount pu (Part	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No	Bonds — 1,850,000	Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No	
MT	X		X	0	\$0	0	\$0		X	
NE										
NV	X		X	0	\$0	0	\$0		X	
NH										
NJ	X		X	0	\$0	0	\$0		X	
NM	X		X	0	\$0	0	\$0		X	
NY	X		X	0	\$0	0	\$0		X	
NC	X		X	0	\$0	0	\$0		X	
ND	X		X	0	\$0	0	\$0		X	
ОН	X		X	0	\$0	0	\$0		X	
OK	X		X	0	<b>\$0</b>	0	\$0		X	
OR	X		X	0	\$0	0	\$0		X	
PA	X		X	0	\$0	0	\$0		X	
RI										
SC	X		X	0	\$0	0	\$0		X	
SD	X		X	0	\$0	0	\$0		X	
TN	X		X	0	\$0	0	\$0		X	
TX	X		X	0	\$0	0	\$0		X	
UT	ļ			ļ						
VT	<u> </u>									
VA	X		X	0	\$0	1	\$12,000		X	
WA	X		X	0	\$0	0	\$0		X	
WV	X		X	0	\$0	0	\$0		X	
WI	X		X	0	\$0	0	\$0		X	
WY								·····		
PR							] [			